

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018283

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4780

STATE FILE NUMBER

FILED MAY 9 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS (If outside, give location) 4256 Wyoming	
3. NAME OF DECEASED (Type or print) First George Middle J. Last Suhre		4. DATE OF DEATH Month May Day 2 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jul. 1, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Streetcar Motorman		11. BIRTHPLACE (City and state or country) Missouri	9. AGE (last birthday) 79
13a. FATHER'S NAME Henry Suhre		14. NAME OF HUSBAND OR WIFE Anna Surhe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 331X	
17. INFORMANT Anna Surhe 4256 Wyoming, St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral anoxia DUE TO (b) Cerebral hemorrhage DUE TO (c) atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		INTERVAL BETWEEN ONSET AND DEATH 10 hrs 10 hrs 5 hrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 230 a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lemay, Mo	
21. I attended the deceased from 5/1/63 to 5/2/63 and last saw him alive on 5/2/63 Death occurred at 230 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Charles M.D.	
22b. ADDRESS 50 Maryland Plaza		22c. DATE SIGNED 5/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-4-63	
23c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.		23d. LOCATION (City, town, or county) Lemay, Mo	
24. FUNERAL DIRECTOR Southern Funeral Home		25. DATE RECD. BY LOCAL REG. MAY 2 1963	
26. REGISTRARS SIGNATURE Carl Smith, M.D.		27. ADDRESS 6322 S. Grand, St. Louis, Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

BY AFFIDAVIT OF

Dr. Pranger
Med Arts Bldg
52 Maryland Plaza

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James W. Little

Licensed Embalmer No.

4347

P. O. Address

6322 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.